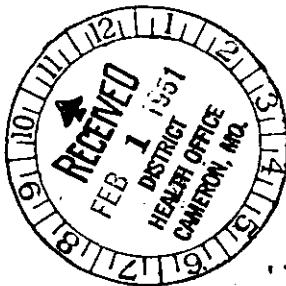


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **924**

BIRTH NO. _____		REG. DIST. NO. 135		PRIMARY REG. DIST. NO. 4210		Registrar's No. 1			
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Harrison					
b. CITY (If outside corporate limits, write RURAL and give township) Ridgeway				c. CITY (If outside corporate limits, write RURAL and give township) Ridgeway					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) Lucy		a. (First) Olive		c. (Last) Hoadley		4. DATE OF DEATH January 12 1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH Jan. 31, 1882			
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		11. BIRTHPLACE (State or foreign country) Mercer Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Issac Sexton		13b. MOTHER'S MAIDEN NAME Elizabeth Sparks		14. NAME OF HUSBAND OR WIFE Mervin B. Hoadley (Deceased)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Laura Ann Hamilton ADDRESS Ridgeway, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days 5 years 331X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from Jan. 7, 1951 , to Jan. 12, 1951 , that I last saw the deceased alive on Jan. 12, 1951 , and that death occurred at 7:15 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Lela Brewer (Degree or title) M. D.				23b. ADDRESS Ridgeway, Missouri.		23c. DATE SIGNED 1/13/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 14 1951		24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery		24d. LOCATION (City, town, or county) (State) Cainsville, Mo.			
DATE REC'D BY LOCAL REG. Jan 26, 1951		REGISTRAR'S SIGNATURE Lela Brewer		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Clark		ADDRESS Cainsville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, gt/15/

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

Note: [The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.